

POSITION

INITIALS

ID NO.

DATE

FEE DETERMINATION

O.I.P.E. CLASSIFIER

FORMALITY REVIEW

RESPONSE FORMALITY REVIEW

[Signature]

9-21-00

## INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ Examined  
☐ Rejected  
☐ Through number  
☐ Interfere  
☐ Appeal  
☐ Types led

Claims	Date	Claims	Date	Claims	Date
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	
7		7		7	
8		8		8	
9		9		9	
10		10		10	
11		11		11	
12		12		12	
13		13		13	
14		14		14	
15		15		15	
16		16		16	
17		17		17	
18		18		18	
19		19		19	
20		20		20	
21		21		21	
22		22		22	
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27		27		27	
28		28		28	
29		29		29	
30		30		30	
31		31		31	
32		32		32	
33		33		33	
34		34		34	
35		35		35	
36		36		36	
37		37		37	
38		38		38	
39		39		39	
40		40		40	
41		41		41	
42		42		42	
43		43		43	
44		44		44	
45		45		45	
46		46		46	
47		47		47	
48		48		48	
49		49		49	
50		50		50	

If more than 150 claims or 10 actions  
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